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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-01)//

RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, DEPENDENTS, AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. RESPECTFULLY REQUEST FLEET COMMANDERS READD TO SHIPS AND OTHER SUBORDINATES WITH MEDICAL PERSONNEL, AS OPERATIONAL CONDITIONS PERMIT.

3. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
(940001)-NAVY HOSPITALMAN ASSISTS AIRLINE PASSENGER
(940002)-RELIGIOUS PROGRAM SPECIALIST USES BLS TRAINING TWICE!
(940003)-FAMILY MEDICINE CLINIC OPENS AT SIGONELLA
(940004)-NAVHOSP LONG BEACH CLOSES ITS DOORS
(940005)-INTERHOSPITAL HEALTH PROMOTION GROUP HEADED BY MSC
(940006)-INSTITUTIONAL PROVIDERS OF CARE USE NEW FORM
(940007)-NAVY MEDICAL DEPARTMENT PEOPLE IN SPECIAL OPERATIONS
(940008)-HEALTHWATCH: AMA NEW YEAR'S RESOLUTIONS FOR 1994
(940009)-HIV AND YOU!

HEADLINE: Navy Hospitalman Assists Airline Passenger
NAVHOSP Bremerton, WA (NSMN) -- Hospitalman Apprentice Jason Montgomery boarded America West flight 845 with the intentions of relaxing and enjoying the short trip from Las Vegas to Seattle-Tacoma Airport. However, 15 minutes into the flight an announcement came over the speakers requesting that anyone with medical knowledge immediately contact the flight attendants. Having graduated from Hospital Corps School and Field Medical Service School, Montgomery answered the call.

Presented before him was an unconscious male, approximately 35-40 years old. A quick primary exam and a brief physical history from the patient's wife revealed that the man had previously undergone brain surgery and experienced occasional seizures. Prior to losing consciousness, the patient complained of numbness in his arms with an inability to move them.

Montgomery immediately placed the man on oxygen and elevated his feet. Within moments, the patient regained consciousness. A few minutes later the patient began to seize, and Montgomery ensured the patient was protected from harming himself. The patient continued to seize off and on throughout the flight, but the Navy hospitalman never left his side. Montgomery continued

to care for the patient until paramedics relieved him of his duties at Seattle-Tacoma Airport.

Montgomery's kind gestures and willingness to help not only impressed the patient and his family but also the flight crew on the American West plane. As a gesture of America West's gratitude, they recently forwarded a transportation voucher to be used toward his future travel. However, the real reward is the satisfaction in a job well done. As a member of Naval Hospital Bremerton, Montgomery has already proved himself a valuable asset.

Story by ENS K. Scroggs

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HEADLINE: Religious Program Specialist Uses BLS Training Twice!

NAVHOSP Corpus Christi, TX (NSMN) -- When RP3 Bradley Lemasters attended Basic Life Support (BLS) training on 3 September 1993 at Naval Hospital Corpus Christi, he never dreamed he would ever need to use those skills, let alone twice in 48 hours!

Lemasters is assigned to the Chaplain's Office at the hospital, and, as a member of the hospital staff, is required to attend BLS training every two years. The instructor on 3 September told the class that it is unusual that non-medical personnel ever have to use their BLS skills and, if they do, it's usually on someone they know. Lemasters was soon to prove her wrong.

While returning from San Antonio early the morning of Friday, 15 October, Lemasters came upon a two-car collision. Although several bystanders were there, no one had approached the one injured victim. Lemasters quickly assessed the man. When he found the man was not breathing and had no pulse, Lemasters began BLS procedures.

Despite the victim's extensive facial injuries, Lemasters was able to maintain an airway and do BLS. In several minutes, a physician and then the paramedics arrived and took over BLS. Very quickly, though, the paramedics asked Lemasters to resume BLS with them to free one of them to attach monitors and do other medical duties. Lemasters continued to do BLS with the paramedics for another 15 minutes until the medevac helicopter arrived and took over care of the patient. Lemasters then continued on his way to Corpus Christi and reported to work.

About 48 hours later, on the morning of Sunday, 17 October, Lemasters was on duty in Naval Air Station Corpus Christi's Protestant Chapel. A man came running in from the adjacent golf course, saying someone had fainted on the course. Grabbing a towel and jug of water, Lemasters ran over to the golf course while the man called for an ambulance. As Lemasters approached the downed golfer, he realized that two bystanders were already doing BLS. Recognizing one responder as HM3 Fiedler from the hospital, Lemasters said he knew BLS and asked if either of them needed relief. Fiedler asked that Lemasters take over the breathing, and he did. The two continued BLS until the ambulance arrived and took over care of the patient, although Lemasters continued to assist with BLS during the trip to the hospital.

Again, after providing assistance, Lemasters returned to his normal duties.

Lemasters hesitates to describe his role in all of this and insists he is not a hero. "I did what anybody else would have done," he said. "I hope if I was a victim that someone would stop for me." He deflected praise from himself to the training provided at the hospital, for the realistic CPR Course he attended; to the ambulance crews for their professionalism and reassurance; and to the hospital staff for their support in the aftermath.

But despite his protestations otherwise, Lemasters is truly a hero -- for without thought of danger to himself, he quickly went to the assistance of two people, remembering his recent lessons in BLS and putting them to work.

Story reprinted from Flightline, NAS Corpus Christi, of 12 November 1993

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HEADLINE: Family Medicine Clinic Opens at Sigonella

NENS-NAVHOSP Sigonella, Italy (NSMN) -- Many medical services became available to the Sigonella community when the new Naval Hospital Sigonella opened this year. One of the largest and most exciting was the establishment of the Family Medicine Clinic. This clinic is open to all beneficiaries, both with and without dependents.

Family medicine is a specialty concerned with the total health care of the individual and the family. A family physician is a doctor who has completed an intensive residency training program leading to specialty certification in family medicine. The family physician is qualified to manage more than 90 percent of the medical problems a person will encounter, including those dealing with obstetrics, gynecology, newborns, pediatrics, adolescents, adults and geriatric medicine.

Continuity of care is the main advantage of enrolling in the Family Medicine Clinic. Having one provider care for the entire family helps prevent problems associated with seeing a different provider on every visit. The providers in the Family Medicine Clinic serve as the patient's advocate in the medical system, working closely with other specialists and providing ready access for referral when needed.

Story reprinted from NavEurNews of 10 December 1993

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HEADLINE: NAVHOSP Long Beach Closes Its Doors

NAVHOSP Long Beach, CA (NSMN) -- After 27 years of continuous service to the fleet, Naval Hospital Long Beach ceased all patient care on 31 December 1993 and began preparing for its 24 March 1994 decommissioning.

The origins of the naval hospital range from a hospital facility at Corona, CA, from 1942 to 1950, transferred to the Veterans Administration in Long Beach in 1950 and recommissioned in Corona in June 1957. After Corona's second closing, the first of two hospital ships to serve Long Beach was towed to pier seven at Naval Station Long Beach. In 1957, the hospital ship HAVEN

was activated as a substitute hospital. In January 1970, the hospital ship REPOSE was returned to service and operated first as an annex of the hospital and then as a separate component providing inpatient and outpatient care for service members until 1974.

In 1962, Congress authorized and appropriated \$7,225,000 for construction of a new hospital. In April 1964, construction commenced on a naval hospital to serve the military members and their dependents in the Long Beach/Los Angeles area.

In 1967, the hospital was commissioned as a state-of-the art, five-story, 215,000 square-foot, 350-bed facility. Ground was broken for an additional 220 bed nursing wing, outpatient care area and administrative wing in July 1972. The official dedication of the outpatient pavilion and nursing wing occurred in November 1974.

In December 1993, the doors closed on a complex with a 562-expanded bed capacity consisting of 390,170 square feet. The hospital supported a population of approximately 250,000 eligible beneficiaries as the only military medical treatment facility between Camp Pendleton, 75 miles to the south, and Fort Ord, 300 miles to the north. During fiscal year 1992, Naval Hospital Long Beach had 3,077 admissions and 252,456 outpatient visits.

As a result of the Base Realignment and Closure (BRAC) Commission mandate, Naval Hospital Long Beach closed and Branch Medical Clinic, Naval Station Long Beach, will convert to a Naval Medical Clinic. Medical services will primarily be available to active duty military, with dependents seen on a space-available basis. Pharmacy service will continue for all beneficiaries through a small pharmacy at the clinic and an expanded pharmacy located in the Navy Exchange complex on base.

After 27 years, this is the final phase for Naval Hospital Long Beach, but a new course of medical service will continue for the fleet through the Naval Medical Clinic, Naval Station Long Beach.

Story by LTjg Rebecca A. Springer, MSC

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HEADLINE: Interhospital Health Promotion Group Headed by MSC
NAVHOSP Charleston, SC (NSMN) -- Medical service corps officer LT Ron Gimble, Naval Hospital Charleston's public affairs officer, chairs the Greater Charleston Area Hospitals Subcommittee on the Promotion of Health and Fitness for School Aged Children.

The group is comprised of health promotion and public relations professionals representing each of the 11 hospitals within the tri-county area. The group was formed in June of 1993 for the purpose of collaboratively tackling health issues in children and pooling resources for effective health promotion campaigns.

Successes so far include: development of an Immunization Task Force to work toward universal immunization policies; coordination of an inter-agency alcohol awareness project and video; tri-county facilitation of the "Raising Responsible Teens" program; interhospital representation in a middle school's

"Lifestyle Extravaganza" fair; endorsement and co-facilitation of the "Tar Wars" program; co-participation in an Immunization Carnival; coordination of a state-sponsored baby resource symposium; and coordination of Health Connection, a large health program designed to educate the educators.

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HEADLINE: Institutional Providers of Care Use New Form

OCHAMPUS Aurora, CO (NSMN) -- There's a new form that institutional providers of care under CHAMPUS should be using for the billing of both inpatient and outpatient institutional services. It's the Uniform Institutional Billing Form (UB-92). It replaces the UB-82, which is being phased out over a six-month period that began 1 October.

Both the UB-82 and UB-92 will be accepted by CHAMPUS contractors through 31 March 1994. After that date, the UB-82 will no longer be accepted, no matter when the services were performed.

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HEADLINE: Navy Medical Department People in Special Operations

BUMED Washington (NSMN) -- Wherever the Navy or Marine Corps goes, so does the Navy Medical Department. Thirty percent of our personnel are normally assigned with deployable fleet and fleet marine forces units. Additional medical support is provided for operations such as Provide Promise. Here is the latest update on where our medical people are on assignment.

Medical forces currently on operational assignment are:

Operation Southern Watch

Total medical/dental personnel: 98 (includes 20 BUMED augmentees)

USS Independence (CV 62) Carrier Battle Group (CVBG): The CVBG has 45 ward beds, one operating room, eight intensive care beds, four quiet room beds, 118 overflow beds and has a medical/dental staff of 60.

In Country: Attached with the Administrative Support Unit Bahrain are four physicians, one dentist, three nurses, two medical service corps (MSC) officers, and 26 corpsmen. BUMED also provides one MSC and one hospital corpsman to augment the COMUSNAVCENT staff out of Bahrain.

Operation Provide Promise (Bosnia)

Total medical/dental personnel: 193 (includes two BUMED augmentees)

USS America (CV 66) Carrier Battle Group (CVBG) and USS Guadalcanal (LPH 7) Amphibious Ready Group (ARG): The CVBG and ARG have 121 ward beds, four operating rooms, 10 intensive care beds, nine quiet room beds, 300 overflow beds and a medical/dental staff of 191.

LCDR Michael Henderson from Naval Medical Center Portsmouth, VA, in conjunction with one Air Force and three Army medical officers, are acting as Staff Officers for the UNPROFOR HQ Staff located in Zagreb.

CDR Jack Lundy from the Healthcare Support Office (HSO) Jacksonville, FL, is located at Camp Pleso in the former Republic

of Yugoslavia and is acting as the Medical Liaison Officer for the upcoming Navy mission of providing medical care for the UNPROFOR located in country.

Operation Joint Task Force Full Accounting

Navy physicians and independent duty corpsmen are supporting this operation by volunteering to serve tours ranging from just under two weeks to two months. Naval Medical Center Oakland, CA, and Naval Hospital Millington, TN, are providing personnel to augment two missions which are currently in country. Three of the 10 missions identified for FY94 have been completed.

Exercise Support

Individuals and components of mobile medical augmentation readiness teams (MMARTs) support various exercises/operations as required, bolstering the "organic" medical assets of the units involved.

Surgical Team 2: Nine people -- two physicians, two nurses and five corpsmen from Naval Medical Center Portsmouth are providing MMART surgical team coverage for Operation Support Democracy on board USS Nassau (LHA 4).

Fleet Surgical Teams are also deployed to provide additional medical support where needed, as directed by the CINCs.

Miscellaneous OCONUS and Fleet Support

Providing TAD (temporary additional duty) support to five fleet platforms and two OCONUS facilities are eight Navy Medical Department personnel: four physicians, one nurse and three hospital corpsmen.

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HEADLINE: HEALTHWATCH: AMA New Year's Resolutions for 1994

AMA Chicago (NSMN) -- On 28 December, the American Medical Association issued five "New Year's resolutions for a healthier America" in 1994.

The AMA provides New Year's resolutions as a reminder that the most effective health care is preventive. Many of today's diseases and injuries can be controlled or avoided by changing lifestyles or developing an awareness of hazards, according to the AMA.

-- (1) Quit Smoking or Help Someone Else to Stop

Tobacco-caused illnesses kill 450,000 Americans each year. Children are especially at risk for lung diseases from passive smoke.

If you smoke, make today the first tobacco-free day for the rest of your life. Ten years after quitting cigarettes, a former smoker's risk of lung cancer is equal to that of a non-smoker.

If you don't smoke, become an advocate for smoke-free work places and public areas like restaurants and shopping centers. Educate children early about the dangers and unpleasantness of smoking before tobacco advertising can appeal to them.

-- (2) Conduct a Home Safety Inspection

And do it with your children. Check your home for potential hazards. Check the smoke alarms; all doors and windows must open quickly for emergency escapes. Teach your children how to use 911 and other emergency numbers.

Put safety latches on cabinets that hold medicines,

cleansers and dangerous solvents. Place safety plugs in electrical outlets; keep electrical and curtain cords out of a curious child's reach; take special precautions with space heaters.

Have a professional clean and inspect your furnace and water heater. To avoid accidental scalding of children, the water heater should not exceed 120 degrees.

-- (3) Learn Child and Adult CPR (Cardiopulmonary Resuscitation)

As many as 200,000 lives could be saved each year if a CPR-trained person is close at hand during a life-threatening emergency. The lives saved by using CPR more than likely would be those of family members and friends.

CPR use is not limited to heart attack victims. It includes training for drowning, choking, sudden loss of respiration, infant emergencies and other life-saving situations. The American Red Cross and American heart Association have trained 40 million people in CPR. One-day classes are available through schools, churches, hospitals, and local park districts. Military members and DOD civilians should contact their local training department for information on military-sponsored CPR training.

-- (4) Clean Out Your Medicine Cabinet

Dispose of old medicines. Every medication shows the expiration date on the bottle or tube. Drugs lose their effectiveness after prolonged storage. If in doubt, ask your physician or pharmacist for advice.

Never take a drug prescribed for someone else. Too many people use drugs not prescribed for them. This can be extremely risky. Drug interactions and allergies spell danger.

Inspect your cabinet for safety, making certain that children or grandchildren can't reach those "fascinating" pills and bottles. Don't ask children to open "child-proof" caps. They're designed that way for good reason.

-- (5) End the Cycle of Family Violence

Violence in the home has reached epidemic proportions. It kills or injures millions of women, children and the elderly. More than \$5 billion will be spent this year treating people injured at home, usually by loved ones.

The first step in breaking the cycle of violence is seeking your doctor's advice. Physicians deal with the wounds of violence and can help find expert guidance. Violent behavior is a disease which cannot be neglected.

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HEADLINE: HIV and You!

BUMED Washington (NSMN) -- Three of the most frequently asked questions a service member has when they learn that they have tested positive for the human immunodeficiency virus (HIV) are:

-- What will happen to my career? HIV-infected members may no longer be assigned to sea duty or deployable units (see SECNAVINST 5300.30C). Junior enlisted members in sea-intensive ratings (i.e., OS, BT, QM, etc.) may have to change their rating to have a viable career. HIV-infected pilots, NFOs, ACs and

aircrew members are permanently grounded and reassigned to shore duty.

-- Can I advance? Yes. By law, personnel records cannot contain a member's HIV status. An HIV-infected member cannot be denied reenlistment solely because of HIV infection. Outstanding performance is key, since HIV-infected members are subject to high-year tenure, ENCORE, continuation boards and selected early retirement boards.

-- Will I have to inform my spouse/significant other that I am HIV infected? It is your moral responsibility to personally notify the people you may have infected. When you get to the hospital, you will be asked to list all of the people you may have infected. All military members will be officially notified by the military and all civilians will be officially notified by the state in which they reside.

For more information or to become a Navy-certified HIV prevention instructor, call the Navy HIV Program at DSN 295-0048, commercial (301) 295-0048.

Story by LCDR Catherine Wilson, NC, USN

Surgeon General's Representative for HIV Education Policy

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4. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Meetings Scheduled for February:

-- 11-13 February 1994, AMA's 1994 National Leadership Conference, San Francisco: "Leadership for Medicine in Transition." U.S. Surgeon General Joycelyn Elders has accepted the AMA's invitation to speak at the conference. For more information or to register, call 1-800-262-3211.

-- 25 February-4 March 1994, 35th Navy Occupational Health and Preventive Medicine Workshop. For information, contact CAPT Richard L. Buck, (804) 444-7575, extension 451.

-- 27 February-2 March 1994, Third National Symposium on Biosafety, Atlanta, GA. Sponsored by Centers for Disease Control and Prevention, American biological Safety Association and American Industrial Hygiene Association. Pre-registration deadline is 4 February. For information, call (404) 633-6869 or 1-800-772-8232.

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5. Two-month calendar of events and observances:

JANUARY

National Volunteer Blood Donor Month

10 January: Clean Off Your Desk Day

11 January 1964: U.S. Surgeon General Luther Terry issued first government report that smoking may be hazardous to health

15 January 1929: Martin Luther King Jr. born

17 January: Holiday -- Martin Luther King Jr. Day

17-23 January: International Printing Week

20 January: E-7 Advancement Exam

20 January 1914: First Naval Air Station established, in Pensacola, FL

21 January 1954: First nuclear-powered submarine, USS Nautilus, launched in Groton, CT

21 January: National Hugging Day

22 January 1944: 50th Anniversary of the Anzio Landings (article on landings released by CNO message NAVADMIN 0001/94 dtg 052121Z JAN 94)

23 and 29 January: Sight Saving Sabbaths

23-29 January: National Glaucoma Awareness Week

24-28 January: National Back Health Week

28 January 1915: U.S. Coast Guard established

31 January: LT FitReps Due

31 January: E-1, E-2, E-3 Evaluations Due

FEBRUARY

Black History Month -- "Empowering Afro-American Organizations: Present and Future"

American Heart Month

National Children's Dental Health Month

AMD Awareness Month (Age-related Macular Degeneration)

4 February 1941: USO Founded

6-12 February: National Burn Awareness Week

6-12 February: National Crime Prevention Week

7 February: O-6 Staff Corps Selection Board Convenes

10 February: Chinese New Year (Year of the Dog)

11 February: Ramadhan (Muslim holiday)

12 February: Lincoln's Birthday

13-19 February: Cardiovascular and Pulmonary Technology Week

14 February: Valentine's Day

15 February: Shrove Tuesday (Mardi Gras)

16 February: Ash Wednesday (Lent begins)

20-26 February: EDI In Health Care Week (electronic data interchange)

21 February: Holiday -- Presidents Day

22 February: Washington's Birthday

23 February 1795: Navy Supply Corps established

25 February: Purim (Jewish Holy Day)

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6. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-1315; DSN 294-1315. FAX (202) 653-0086; DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL.

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